e. IS RESIDENCE

ON A FARM?

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d. NAME OF

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be filed with funeral 2 shauld in by campletely filled ages 1 death haurs after papers. ond carban 72 physician 2 remave ony even attending please Then the and P remayal, permit. has been signed ar attending physician. burial-transit 5 crematian. After this certificate the burial, 80 use p detached far prior Board of Health TO FUNERAL DIRECTOR: Py page 3 shauld be the State Board of

requires that the death certificate be executed within 24 hau

ATTENDING PHYSICIAN: The law

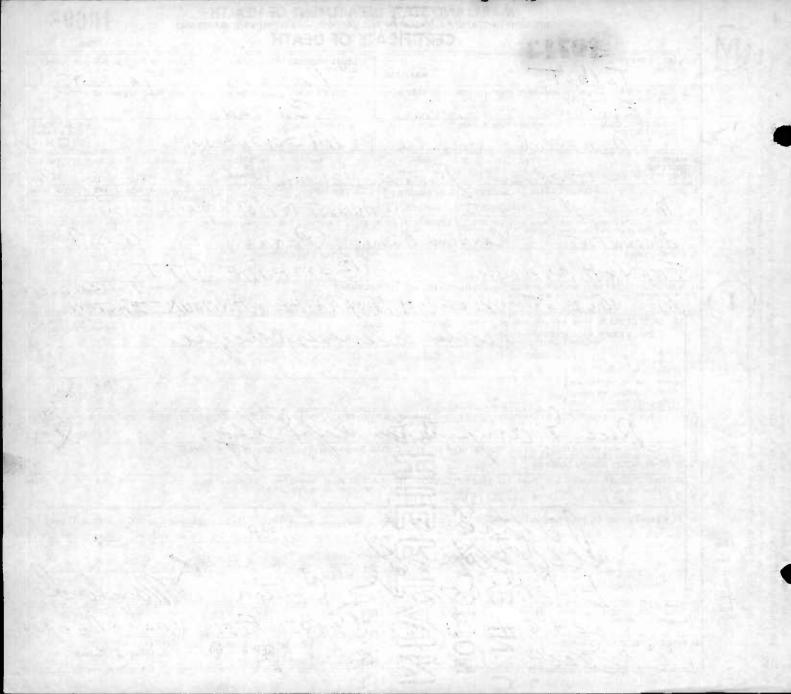
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PLACE OF DEATH a. COUNTY To 160 T	
b. CITY OR TOWN (If autside carporate	

	ISTICAL RESEARCH A	TE OF DEATH	MORE 1, MARYLAND	10698
Talbot	MARYLAND	2. USUAL RESIDENCE (WH	b. COUI	itutian: Residence befare admission)
OWN (If autside carporate limits, write give nearest tawn)	Todays	With the state of	outside carporate limits, wri	ite RURAL and give nearest tawn)
HOSPITAL (If not in hospital, give street addre	ospital	d. STREET ADDRESS	LOSBORO	e. IS RESIDEI ON A FAI YES N
Horace	Middle Mysetz	ARMOUR	4. DATE OF DEATH SELETE	Manth Day Year 2 190
6. COLOR OR RACE 7. MARRIED WIDOWED		B. DATE OF BIRTH AUQUST 18,1	9. ACE (tn ye last birthdo	
CUPATION (Give kind of wark dane of warking life, even if retired)	OF BUSINESS OR INDU		ar fareign cauntry)	12. CITIZEN OF WHAT COUL
ME //		14. MOTHER'S MAIDEN N	IAME	

YES NO NAME OF Day Year DECEASED (Type or prin 1960 5. SEX R 1 YEAR IF UNDER 24 HRS. Haurs Min. 10a. USUAL OC TIZEN OF WHAT COUNTRY? during mast Hece 13. FATHER'S NA 17. INFORMANT 114GOLDSBORD 16. SOCIAL SECURITY NO. VIB. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO Canditians, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II OTHER SIGNIFIC ON CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO [20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESORIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) Day, 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur a. m. While Nat while at wark at work p. m. 21. I certify that (I) (this hasbital? endecegsed fi 19 19____, that (1) (we) last 3M from the causes and an the date stated above. saw the deceased and that death accurred at 22a. SIGNATURE 22b. DATE ATTENDING PHYS. SIGNED STAF M.D. DIRECTOR [] 22c. PHYSICIAN'S 22d. ADD4 NAME (Type) 239 BURIAL CREMATION, 236 DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d_LOCATION (City, town, (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAP DATE

may VR A15 (4) 15M 9/59



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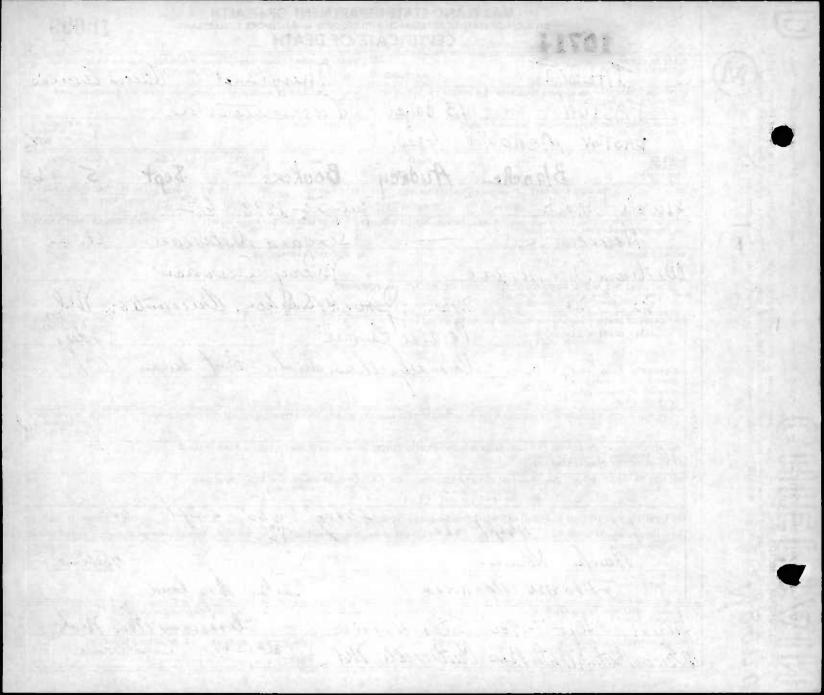
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2 should be filed with TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remaye copour papers. Pages 1 and the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau TO HOSPITA! VR A1S (4) 1SM 9/S9

1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Navy (Marc) b. COUNTY (Mallen Charles)
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give negrest town) /3 days	Queensteivn 17X-2
d. NAME OF HOSPITAL (If nat in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION MEMORIAL HOSP.	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Blanche Audreu	Booker 1. DATE Month Doy Year 5 19 60
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. 1941 birthday) Months Days Hours Min.
fundle White WIDOWED DIVORCED	Nely 73-1898 62-yrs.
10o. USUAL OCCUPATION (Give kind of work dane during most of warking life, even if retired)	STRY 11. BIRTHPLAGE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
Heusewite	Seasand Delaroare USA
13. FATHER'S NAME	14. MQTHER'S MAIDEN NAME
Welliam). Muse	Mary Jurner
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (if yes, give wor or dates of service)	NFORMANT Address
10 Was give wor or adies of service)	mes H Bagher Queintan Wed
18. CAUSE OF DEATH [Enter only one couse per line for (9) (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardial T	ai luce . 2 desp
Conditions if any which	there ale itic beat discare (?)
gove rise to immediate	
cause (o), stating the under-	
, (0)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)
Haur a.m. P. m. 19 While Nat while at wark at work	ctory, street, office bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased framsaw the deceased alive an	/ 412/
22a. SIGNATURE	M.D. PHYS. MED. STAFF PHYS. 250 Flux SIGNED
22c. PHYSICIAN'S HURSTON HARRISON	22d. ADDRESS Cacker, Nesey land
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF STEPLES	OR CREMATORY 23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Ill Tennedbuth & Butin Der Meteralle	DATE DATE



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by an elumenal director, page 3 shauld be detoched far use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Board at Health priar to burial, cremotian, ar remaval, and it one event, within 72 hours ofter death. fter death. Page 4 ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haur

MARYLAND STATE DEPARTMENT OF HEALTH 1071 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	o. COUNTY		MARYLAND	O. STATE	pere deceased lived. If institution b. COUNT	Y	coline
	b. CITY OR TOWN (If outside corporo RURAL and give nearest town)	te limits, write c. LEN	9 da	c. CITY OR TOWN (IF o	outside corporote limits, write	RURAL ond give	nearest town)
0	d. NAME OF HOSPITAL (If not in hosp OR INSTITUTION EAST ON ME	more in the more in the more in the interest of the interest o	Nosp.	d. STREET ADDRESS	None (5X-	e. IS RESIDENCE ON FARM? YES NO
	3. NAME OF DECEASED (Type or print)	First PA	Middle Kibler	BROGKY	DEATH SEP	onth S	Day Year 28 1960
1	S. SEX 6. COLOR OR		DIVORCED T	B. DATE OF BIRTH	9. AGE (In year lost birthdoy)		
7	10 marc 111100 11100 11100 11100 11100 11100 11100 11100 11100 11100 11100 11100 1110						OF WHAT COUNTRY?
4	during most of working life, even if a	retired)	ne	Penna.	o. 15151g. co	U.S	
	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	F . T	
	Joseph Loui	s Kibler		Madeli	ne Lawrence	3	
4	15. WAS DECEASED EVER IN U. S. ARME (Yes, no, or unknown) (If yes, give war or de	ates of service)		NFORMANT Elizabeth D		ddress	arvland
	NO IN CAUSE OF DEATH (Sales and			ETTZADE UL D	TIT GLEETING		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSEI IMMEDIATE CA	D BY: (0_	refrat -	Colema			ONSET AND DEATH
/	332 X DUE TO (6 - 111 //2011						
	Conditions, if ony, which) (b) Certification (b)						
d	gove rise to immediate couse (a), stating the under-	UE TO					
	Iying cause lost. (c)						
	PART II. OTHER SIGNIFICAN PART II. OTHER SIGNIFICAN OF CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAM)	CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE CONDITION G	IVEN IN PART 1(PERFORMED? YES NO
		EATH	OW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)		
	Y 20c. TIME OF INJURY Month, Do	y, Year 20d. INJURY (While N of work of	lot while fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc	1, 20f. (City or town)	(Cour	nty) (Stote)
	21. I certify that (I) (this haspital) attended the deceased fram						
	220. SIGNATURE	Yohn	-0/	ATTENDING M	ED. STAFF PHYS.	2859	7 1 226 DATE
	22c. PHYSICIAN'S NAME (Type)	4. Schi	met	22d. ADD ES	ton, Me	ryle	d.
	23a. BURIAL, CREMATION, 23b. DATE TO SERVICE SPECIFY 9-30		NAME OF CEMETERY C		23d. LOCATION (City, town		(Stote)
			Holy Cros		Near Greens	GISTRAR'S SIGNA	Md.
1	24. FUNERAL DIRECTOR'S SIGNATURE	lis &	venslo	no mo DATE OC		intling & Th	ALLA C

TO HOSPITAL VR A1S (4) 1SM 9/S9

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PLACE OF DEATH

o. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

b. COUNTY

that the death

physician 5 haspital by

b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUBAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO I NAME OF Middle 4. DATE Month Day Year DECEASED (Type or print) DEATH 196 6 S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months Days WIDOWED [yrs. 12. CITIZEN OF WHAT COUNTRY? USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreigns country) during most of working life, even if retired) W.S.A. Alhtor 3. FATHER'S NAME AMON 17 INFORMAN WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month. Doy, Year 20d. INJURY OCCURRED (Stote) (County) factory, street, office bldg., etc. Hour o. m. While Not while of work ot work p. m. 19 (a), that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from. 19 sow the deceased alive on ond that death occurred at M, fram the couses and an the dote stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. STAFF PHYS. M.D. 22c. PHYSICIAN 22d. ADDRESS NAME (Type) LOCATION (City, town, or county) BURIAL CREMATION, 236. NAME OF CEMETERY OR CREMATORY (Stote) MOVAL (Specifi LYIA 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR DATES

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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LACE OF DEATH	1011
COLINITY	,

23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)

Sept. 28/60

Witzke F.D. 4101 Edmondson Ave.

a. COUNTY	16 et	MARYLAND	2. USUAL RE	SIDENCE (Whe	ere deceased	t lived. If institution b. COUNTY	n: Resider	lto.	re admiss	on)
b. CITY OR TOWN (IF RURAL and give new 495	outside corporate limits, write prest town)	c. LENGTH OF STAY IN 16	A Second Second	SVILLE		rote limits, write R	IRAL ond	give nec	rest town	- 1
d. NAME OF HOSPITA OR INSTITUTION Mey	AL (If not in hospital, give street	oddress)		reenl	ow Ra					DENCE FARM? NO K
B. NAME OF DECEASED (Type or print)	Josephine,	Viola Middle	BURN	ast	4. DATE OF DEATH	Septem	ber	Do	4.8	9 60
s. sex	6. COLOR OR RACE 7. MARI	RIED T NEVER MARRIED	B. DATE OF BI	RTH			IF UNDE	YEAR	IF UNDE	R 24 HRS.
emale	White widow		May 2	8/01		59 yrs.	Manths	Doys	Hours	Min.
	N (Give kind of work done 10b.	KIND OF BUSINESS OR IND	JSTRY 11. BIRTH	PLACE (Stote of	or foreign co	ountry)	12. CI1	IZEN OF	WHATC	OUNTRY?
Clerk	ing life, even if retired)	therall Stee	1 00.	Mary	land	315	US.	A		52
3. FATHER'S NAME			14. MOTHE	S'S MAIDEN N	AME		30			
Tow 4 To	o d om		0	wia D	n on In					

Tiga Tigaga out	021	. La Lubii		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? Yes, no. or unknown) (If yes, give wor or dates of service)		Byrne 524	tatonsville	

	18. CAUSE OF DEATH [Enter anly one couse per line far (a), (b), and (c).]	INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Subarachner henouchage	ONSET AND DEATH					
H	33 0 × DUE TO	al a min					
	Conditions, if ony, which) (b) Exsertial hypertension	mousin					
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	couse (o), stating the under-	THE THE SHARE					
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO					
CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)						
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 20d. INJURY OCCURRED (Comparison of the control of the contr	ounty) (Stote)					
	21. I certify that (I) (this haspital) attended the deceased fram						
	220. SIGNATURE	22b. DATE					
	Robert W. Trever M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	9-24-60					
	22c. PHYSICIAN'S 22d. ADDRESS						
	NAME (Type Robert W. Trever. M.D. Easton. Md						

23d. LOCATION (City, town, or county)

25b. REGISTRAR'S SIGNATURE

arthur S. Kraus

Baltimore

23c. NAME OF CEMETERY OR CREMATORY

New Cathedral

in by the funeral director, and 2 should be filed with the funeral director, TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Boord of Health prior to burial, crematian, or remayal, and in any event, within 22 haurs ofter death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay

ter death. Page

VR A1S (4) 1SM 9/59

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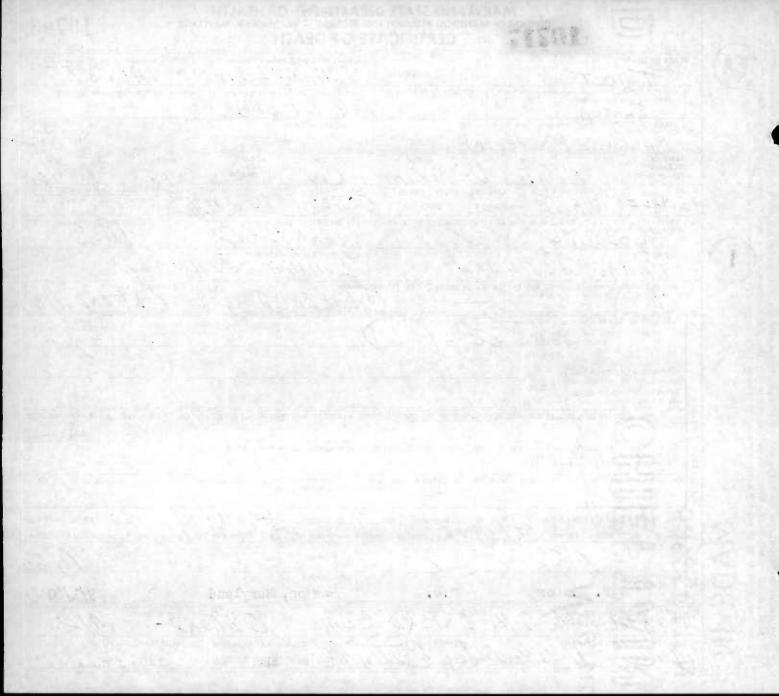
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH G. COUNTY A DO T MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE ARY LAND b. COUNTY ALA	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	COLITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION EASTON MEMORIAL	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO (2)
3. NAME OF DECEASED (Type or print) NEILE VICTORIA	Lost OF DEATH SEPT	Day Year 1960
5. SEX FEMALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH OC1, 26, 1886 9. AGE (In years lift UNDER 1 Y honths) yrs. If UNDER 1 Y honths Do	EAR IF UNDER 24 HRS bys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during profit of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZET	OF WHAT COUNTRY
13. FATHER THAME TOHNSON	14. MOTHER'S MAIDEN NAME TOHNSON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no of unknown) If yes, give war or dates of service)	LARENCE COX Address XF	ORD MO
18. CAUSE OF DEATH [Enter anly one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate	D	INTERVAL BETWEEN ONSET AND DEATH
couse (o), stoting the <u>under-lying couse lost.</u> DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Port II af item 18.)	
	**LACE OF INJURY (Hame, farm, 20f. (City or town) (Cou octory, street, office bldg., etc.)	nty) (State
21. I certify that (I) (this haspital) attended the deceased fram, sow the deceased alive on	death occurred at 0M, from the causes and an the d	that (I) (we) last late stoted above
220. SIGNATURE	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	CASH SIGNED
P. E. Cox M.D.	Easton, Maryland	9/1/60
230-BORIAL, CREMATION, 235-DATE THEREOF 1960 236 MANE OF CEMETERY	OR CHEMATORY 23d, OCATION (City, town, ar county)	M'Sight)
24-FUNDERAL DIRECTOR'S SIGNATURE PLUM HAVE ANDRESS PASI	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL VR A1S (4) 1SM 9/59



Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 12. USUAL RESIDENCE (Where deceased lived, If institution: Rasidenca bafore edmission) PLACE OF DEATH e. COUNTY. Page a. STATE b. COUNTY Jalla MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. LITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) director. write RURAL and give nearest town) your o 6 aston d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE PO Boar d. STREET ADDRESS ON A FARM? 2, and 3 to the funeral retained State YES NO NAME OF 4. DATE Month Day Yeer DECEASED OF the (Type or print) DEATH 19 with 8. DATE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED may age 5 may 1 and 2 wit 72 hours a last birthday) Months WIDOWED TO yrs. 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired) 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? PM3. Page 8. Give Pages pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgiva war or dates of servica) with certificate should be executed in pencil in Item 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN burial-fransit ONSET AND DEATH Office along PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO removal. gave rise to immediate cause "pending" 60 Examiner's DUE TO (a), steting the underlying Se nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY ERFORMED? 3 NO Medical pinous 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING EDICAL EXAMINER: CAUSE OF DEATH. the Chief R: Page 3: 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, offica bldg., atc.) While Not Whila at work at work should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE A DEPUTY MEDICAL EXAMINER DEPUT EXAMINER'S NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 224 LOCATION (City, town, or country) 22a, BURIAL, CREMATION, (State) REMOVAL (Specify) 40 9 0 SUNERAL DIRECTOR 24e. REC'D BY REGISTRAR VS. A15ME SEP 26 arthur & Kraus 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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1. PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (Whe	re deceased lived. If institution b. COUNTY	on: Residence before admission)
Talhot	MARYLAND	Maryland		Dorchester, Co.
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	V	tside corporate limits, write RL	
RURAL and give nearest town)	111 days		Ma	
d. NAME OF HOSPITAL (If nat in haspital, give stre	1 / Chigs	d. STREET ADDRESS	rid.	e. IS RESIDENCE
OR INSTITUTION	ar address)	d. SIKEET ADDRESS	0 7	ON A FARM?
Memorial	HOSPITEL	203 Robbins.	St.	7 YES NO
NAME OF First DECEASED	Middle	Last	4. DATE Mont	th Day Year
(Type or print) Maple	=11a Da	111'5	DEATH Septemi	here 20 1960
SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
T T WING	WED T DIVORCED	- 1- 1-0	last birthday)	Manths Days Haurs Min.
GIIIOLE WILL DE		3/7/1873	87 угз.	73 6/7/251 65 1/// 147 560 1/7/20
a. USUAL OCCUPATION (Give kind af work dane 10 during mast of warking life, even if retired)	b. KIND OF BUSINESS OR INDU	ISTRY IT. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife	Hovsewife	Maryland.		U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Levin Marshall		Mary Wh	ont lar	
	6. SOCIAL SECURITY NO. 17.	NFORMANT	Addr	ess
es, no, or unknown) (If yes, give war or dates of service)				
No No	No I I	illian Bavis,	Cambridge, Md	•
1B. CAUSE OF DEATH [Enter only one couse per	line far (a), (b), ond (c).			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Dagum Ania	1 Quatore	I bronch	-) 6 dans
DUE TO	The state of the s	(50 0000 0		/ 3
Canditians, if any, which (b)				
cause (a), stating the under-				
lying couse last. (c)				
PART II. OTHER SIGNIFICANT CONDITION OLD CEREBRAL #1	S CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Old cerebral th	rombasile. I	Fracture,	it. Demur	YES NO TO
	ESCRIBE HOW INJURY OCCURRI	D (Enter nature of injury in Pr	art Lar Port II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		ion (amor motor of miles) man		
			T	
20c. TIME OF INJURY Month, Doy, Yeor 20d Hour o. m. Wh		LACE OF INJURY (Home, farm, octory, street, affice bldg., etc.)	20f. (City or town)	(County) (State
	ile Nat while ro			
		914 /1.	900	10/04
21. I certify that (I) (this hospital) atte		1000	P.to	, 19_0_U that (I) (we) las
saw the deceased alive on 1	19_6_0, and that	death accurred at 1/2	M, fram the causes an	d an the date stated above
22o. SIGNATURE		ATTAINING	67.55	22b. DATE SIGNE
Robert W.	rever	M.D. PHYS. MEL	ECTOR PHYS.	3.0.12
22c. PHYSICIAN'S		22d. ADDRESS		
Robert W. Tres	ver, M.D.	Easton, Ma	buelva	
o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OK CREMATORY	23d. LOCATION (City, town, o	or county) (Stote)
Burial 9/21/1960	Dorchester M	emorial Park	Cambridge.	Md.
UNERAL DIRECTOR'S SIGNATURE	ADDRESS (25a. REC'D	BY REGISTRAR 256, REGIS	TRAR'S SIGNATURE
e Comple + unere	AM. Com	DEEP 2	9 '60 Circha	1 S. King
104	m	0		
som the				

ter death. Page 4 may be reported by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours ofter death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours TO HOSPITAL

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er death. Page 4

TO HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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Me HEARINGH	771 400	WEGGKES.	DATIMORE	1 / tribers
ERTIFICA	ATE	OF DE	ATH	

10706

	LACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) D. STATE (b. COUNTY
	TAIDOT		MARY/AND TAIDOT
· ·	CITY OR TOWN (If autside carporale limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If guiside corporate limits, write RURAL and give nearest town)
	I. NAME OF HOSPITAT (If not in hospital, give street of OR INSTITUTION, 1977)	address) × 1.31	d. STREET ADDRESS A. BIX 131 C. IS RESIDENCE ON A FARM? YES MO
1	NAME OF DECEASED Type or print) Charles	Middle	hields 4. DATE Manth Day Year OF DEATH 9 11 1960
5. 5	MALE 6. COLOR OR RACE 7. MARR WIDOWE	ED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS.) Months Days Hours Min.
10a	USUAL OCCUPATION (Give kind of wark dane during mast of warking life, even if retired)	ARM	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	4	14. MOTHER'S MAIDEN NAME
	Pimon Doshield.	3	SARA Kellum
	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. 19	Vermant Martha Deshields
	18. CAUSE OF DEATH [Enter only one couse per, line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate DUE TO	ne for (a), (b), and (c).] Age-0	leterioration due to Interval Between ONSET AND DEATH
4	lying cause last.	July Tolerand	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 1
	20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II of item 1B.)
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. It Haur a. m. 19 White at war	Nat while fo	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.) (City or town) (County) (State)
	21. I certify that (I) (this hospital) attend	led the deceased fram	19, to, 19, that (I) (we) lost
	sow the deceosed olive on	19 , and that c	deoth occurred otM, from the causes and on the dote stoted abave.
	220. SIGNATURE LAVIS A Medi	4	M.D. PHYS. MED. STAFF DIRECTOR STAFF DIRECTOR PHYS. PH
	22c PHYSICIAN'S NAME (Type)	LTY	22d. ADDRESO
	BUBIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY CO	ille Cem. EASTON Rt 1, md.
24.	Amorbios hield	Easton, V	25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Chillum S. Husus
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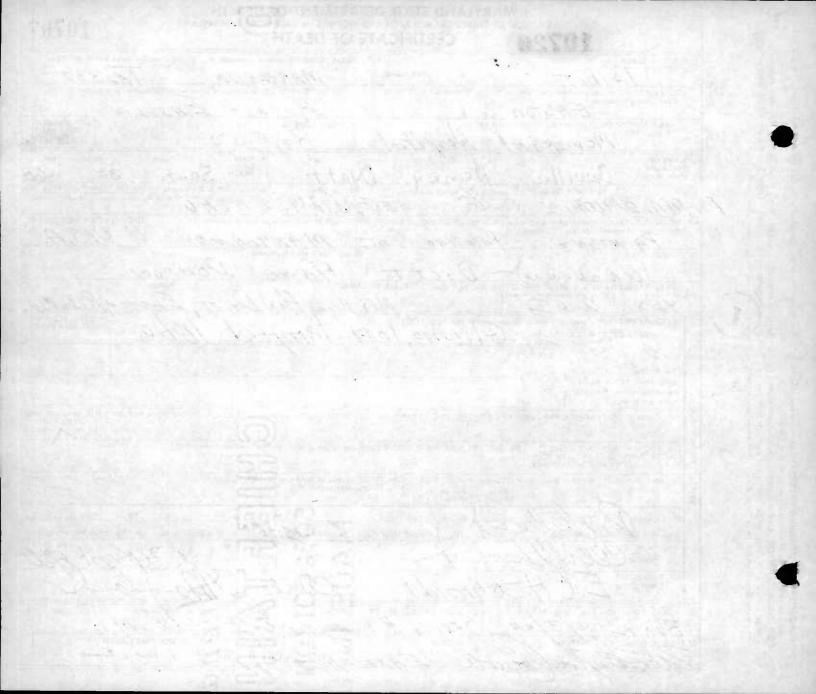
Ī	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	o. COUNTY TAIDOT MARYLAND	O. STATE MARYLAND b. COUNTY TALBOT
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest 1940)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
N	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(NO TO
1	3. NAME OF First A Middle	
	3. NAME OF DECEASED (Type or print) ORVILLE Henry	Dyott DEATH Sept. 30 1960
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lay birthday) FFB 13 1920 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Hours Min. yrs.
ł	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU	12011-11
1	during most of working life, even if retired)	- MARYLAND U.S.A.
ł	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	(MAKKNOWA) - DYDTT	FINNA DOBSON
		NFORMANT Address
	(Yes, no, or unknown) (If yes, give war or dates of service)	PS. HELEN FINN DYDTT, EASTON R.D. Mp.
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) C//0/773/16	ft 18/77/200801 100e
	DUE TO	
1	Conditions, if ony, which (b)	
	gove rise to immediate cause (a), stating the <u>under-</u>	
	lying couse lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
	Ŏ.	YES NO
	ZOG. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 18.)
		ACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State) ctory, street, office bldg., etc.)
	Hour o. m. p. m. 19 While Nat while of work at work	ciory, area, orrect blags, etc.)
	21. 1 certify that (1) Which has swall attended the deceased fram.	
	saw the second dive on 10 , and that of	death accurred a 220, from the causes and an the date stated above.
	220. SIGNATURE ON O NO.	ATTENDING MED. STAFF 2000 22b. DATE
		M.D. PHYS. DIRECTOR PHYS
	22c. PHYSICIAN'S E. C. H. Schmidt	22d. Assertion, Maryland
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, tayly, ar county) (Stote)
	BURIAL 10/3/60 SPRING #12	LEMETERY EASTON M.D.
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	The Author and FRE	TARK DATE OCT 4 '60 Chilms S. Thomas

may be renowed by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by mie funeral director, page 3 should be detached for use as the burial-transit permit. Then place regions corban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and it any event, within 72 hours offer death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours TO HOSPITAL

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		NAME OF THE OWNER, OWNE		
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and the same		gift large of b		
Service of	Strategy or			
all ton award a			Am. you	100

VS A1S (4) 1SM 9/SB

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18	-
						i

10721 CERTIFICATE OF DEATH

10709 Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	e before admission)
o. COUNTY Tal bet MARYLAND	o. STATE Macy land b. COUNTY Tal	6 T
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest town)
RURAL and give nearest town)	40Farton)	
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
OR INSTITUTION 5/3 COCOCO	1 513 Comes 5+	ON A FARM? YES NO 17
3. NAME OF First Middle	Lost 4. DATE Month	Day Yeor
(Type or print) BETTW LOUIS-R	Fairbank OFATH Jept. 30	1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	1 1 1 1 1	YEAR IF UNDER 24 HRS.
Famale winds widowed DIVORCED	Jan 27, 1925 Joseph Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDL during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
hausewife - Deflee derk	Maryland 0	5.
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Hoen Ersking	dally Tirby	
	NFORMANT . Address	
(Yes, no, or unknown) (If yes, give war or dates of service)	aymond D. Fairbank Eas	tow, Mid.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) US PLUS VIA		sudden
227 X DUE TO	0 / 0 .	
Conditions, if ony, which) (b) / each cal Me	1. huchon	Suco
gove rise to immediate	11 0.	
lying couse lost.	noso the liama of pericardin	syes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY
CATIC		PERFORMED?
	ED. (Enter noture of injury in Port I or Port II of item 18.)	
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. P	PLACE OF INJURY (Home, form, 20f. (City or town) (City or town)	ounty) (Stote)
10 Wille	octory, street, office bldg., etc.)	
11 701	0 51 20 011	
21. I certify that I attended the deceased fram I I War	19 36 to 30 mg, 1940, that I las	it saw the deceased
alive an 13 lugust, 19 60, and that deat		
Lacrus Au V	ADDRESS (Street, city or town, stote)	DATE SIGNED
SIGNATURE / MILLIONER STALLER	M.D. Chopken Mary land	400160
PHYSICIAN'S THURSTON HARRISON		
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
REMOVAL (Specify) Oct 3, 1960 Ward Cu	near Eastern	Mrd
23, FUNERAL DIRECTOR'S SIGNATUR ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE
Maurice E. New your stow Fort	tors; Mc DATE OCT 5 '60 author 8.	Kraus
The state of the s	The state of the s	

death. Page

within

executed

certificate

death

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

TUARO ROBIADEDENO. CENTE OF DEATH guerra and a selection and a selection and a

- 57		1734	1	CERTIFIC	AIE OF	DEAT	1		Reg. D	ist. No.		
PLACE OF DEA O. COUNTY	т н Т :	albot		MARYLAND	o STATE	9.0	yland	lived. If instituti b. COUNTY	-	bot	re admiss	sion)
	WN (If outside corp give marest town) MICHA	porote limits, v	write c. LENG1	TH OF STAY IN 16	c. CITY OF		Mich	ote limits, write f	URAL ond	give nec	rest towr	n)
d. NAME OF H	OSPITAL (If not in ION Vista	Nur s	street oddress) ing Hom	le	d. STREET	ADDRESS					e. IS RES ON A YES	FARM?
3. NAME OF DECEASED (Type or print)		FRITZ	Z	Middle	FREDRIC	KSON	4. DATE OF DEATH	Septe		Do 2		Year 19 60
Nale Male		4 4 -	MARRIED NE	EVER MARRIED DIVORCED	8. DATE OF BIR		1876	9. AGE (In years lost by thdoy) 84 yrs.	Months	Doys	Hours	Min.
during most o	PATION (Give kind tworking life even	d of work done i if retired) n	e 10b. KIND OF	BUSINESS OR INC		PLACE (Stote		ountry)		SA SE	WHAT	COUNTRY
3. FATHER'S NAM	l Fredr	icksor	n		14. MOTHER	S MAIDEN I						
5. WAS DECEASE (Yes, no, or unknown)	DEVER IN U. S. AF	RMED FORCES or dates of service			INFORMANT	Wri	ghtso	n. St.		ael	s. 1	Ma.
gove rise		(b)	Bus contrud	ting to plate B	UT NOTRELATED	THETERM	INAL DISPASE	CONDITIONS	VEN IN PA	RT 1(o) 1	9. WAS PERFC YES	ORMED?
	IT WAS UNDERLYING CAUSE OF COTIFY MEDICAL EXAMPLE.	OF DEATH		V INJURY OCCUR	RED. (Enter noture					· · · · ·		/CAAA
Hour o		10	20d. INJURY OCI While Not of work of we	while	foctory, street, off			or rown)		(County)		(Stote
21. I certificative and actual signature Physician's NAME (Type)		alle	orth, M.	and that dea	th accurred a	0 10 F 13:45 H		the causes ar			stated	
220. BURIAL, CREA BEMOVAL (Sp BUT 12.	ration, 22b. Date Sept	t 30,1		ME OF CEMETERY	or crematory	n. Parl		ION (City, town,	or county)	8.	(Stot	te)
23. FUNERAL DIRE	CTORIC CLONIATUR											

ma

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the deam cerunical be excessed by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon popers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remaval, and in ony event within 72 hours after death.

VS A15 (4) 15M 9/5B

Jodini todial to the lynd St. comple ary mi 3. 110014 .3 emon go orbit alely old A SECOND TO THE SECOND A SECOND STREET Male Milto vessel A see 1876 BA Col. Talet Jag Josef Josef nebres Carl Fredrickepp emonute i . M. albertell, t. Hostinian , m. 1818 . M. Michell, M. Michells, Mc. the Libert results of Surial . Sept 30.1.00 | miles and med and Co.1.05 John Calmin

director. Page Health, necessary files. ō for your Board N 2, and 3 to the funeral age 5 may be retained I and 2 with the State B 72 hours after death. 24 hours after Page d "pending" in pencil in Item 18. Give Pages I, Examiner's Office along with form PM3. Page e used es a burial-transit permit. File pages I are ation, or removal, and in any event with a 72 EDICAL EXAMINER: This certificate should be executed within ease execute the certificate, writing the word "pending" be used cremation, Medical plnods burial, should be forwarded to the Chief PUNERAL DIRECTOR: Page 3 0 prior agent, designated TO DEPUT 6

LAND STATE DEPARTMENT OF HEALTH **BALTIMORE 1. MARYLAND** Division of STATISTICAL RESEAR 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) e. COUNTY bot MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neezest town) write RURAL and give neerest lown) 3 min EASTON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRES Memor 3. NAME OF DATE Middle DECEASED OF (Type or print) DEATH nRU B. DATE OF BIRTH S. SEX AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last bifthdey) Months WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), steling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 1B.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) fectory, street, office bldg., etc.) While Not While Street et work et work 19 60 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)

40 FUNERAL DIRECTOR SEP 1 3 '60

24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

(County)

e. IS RESIDENCE ON A FARM?

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY

and in my opinion

DATE SIGNED

PERFORMED?

NO

(Stete)

Md

12. CITIZEN OF WHAT COUNTRY?

Devs

IF UNDER 24 HRS.

NO X

60

Min.

VS. A15ME 5M 7/59

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAT MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived. If institution: Residence before admission) or your files. e. COUNTY b. COUNTY TALBOT MARYLAND MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) for your and give neerest town) TILGHMAN STREET ADDRESS Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) KEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any detectificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral provated to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bo death 3. NAME OF 4. DATE Middle Last Month DECEASED PAUL RICHARD HARMON SEP (Type or print) .IR DEATH hours after 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED X 5. SEX 8. DATE OF BIRTH AGE (In yeers IF UNDER 1 YEAR last birthdey) Months WHITE WIDOWED [DIVORCED MALE YES. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) TILGHMAN. MD CARETAKER ON FARM within pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ALMETA MURPHY event WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address . no. or unkown) | (If yes give wer or dates of service) any FATHER 1B. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).] 2 PART I. DEATH WAS CAUSED BY: and GSW-CHEST IMMEDIATE CAUSE (e) DUE TO removal. Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), steting the underlying Ö cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E. TO FUNERAL DIRECTOR: Page 3 should be 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. SHOT SELF THRU CHEST should be forwarded to the Chief PUNERAL DIRECTOR: Page 3 MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, Month, Dey, Yeer 20f. (City or town) age fectory, street, office bldg., etc.) 0 et work et work X prior FARM ON ILGHMAN 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry agent, death resulted from: Natural causes Accident Suicide x x Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** DEPUT S LOUIS NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or country) REMOVAL (Specify) OH 1960 Methodist 6 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME ST. MICHAELS MB DANSEP 28'60 arthur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH

TALBOT

Dey

USA

24

. IS RESIDENCE

ON A FARM?

Yeer

1960

IF UNDER 24 HRS.

House

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO

(State)

Mp

and in my opinion

DATE SIGNED

(Stete)

MINUTES

YES

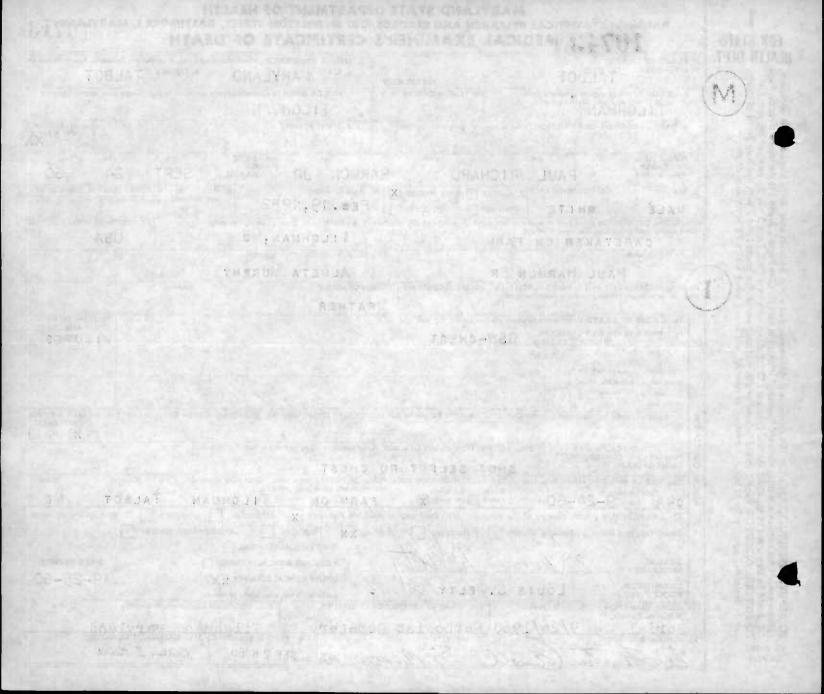
(County)

LBOT

12. CITIZEN OF WHAT COUNTRY?

Min.

5M 7/59



VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4

	a. COUNTY			62.22	CE (Where deceased lived, If institution b. COUNTY -	ion: Residence befora admission)
		TALBOT	MARYLAND	a. SIAIE MARY	LAND B. COOKIT T	ALBOT
	b. CITY OR TO	WN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If outside corporate limits, write RURA	L and give neerest town)
	EAST	Chand give nearest town)	DOA	McDAN	IEL	
14	d. NAME OF H	OSPITAL OR INSTITUTION (if not in h	ospitel, give street address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
	MEMO	RIAL HOSPITAL				YES NO
	3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
	(Type or print)	JOSEPH	ROBERT	HYNSON	DEATH SEPT.	21 1960
	5. SEX	6. COLOR OR RACE 7. MARI		. DATE OF BIRTH	9. AGE (In years IF UNI	
	MALE	COLORED WIDON		10-28-	-12 last birthday) Month	hs Deys Hours Min.
	10a. USUAL OCC	UPATION (Give kind of work 10b.	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
	1 1 1 1 1 1 1	of working life, even if retired)	vister	Mapiel	2200	U.S.A.
	13. FATHER'S NA		/	1 14. MOTHER'S MAIDEN	NAME	CO, F11
1	77	But Hune	ton	Evalue	NE CALdin	0//
	MS. WAS DECEAS	ED EVER IN U.S. ARMED FORCES? 1		INFORMANT	Address	1641
	(Yes, no, or unkow	n) (If yes give war or dates of service)		Frank	11. 1- 0 - 10 M	1 / 1 had
Y	1 10 CATTER	OF DEATH Enter only one cause pe	u line for (a) (b) and (a) 1	IAMO T.	JY 1050A, 111	I INTERVAL BETWEEN
		DELEN LIVE CALLER OV				ONSET AND DEATH
	10-	IMMEDIATE CAUSE (a) SU I	CIDE BY HANG	ING		
	177	DUE TO				
		fany, which) (b)				
		the underlying DUE TO				PA 10 10 10 10 10 10 10 10 10 10 10 10 10
	cause last.	(c)				
	PART II.	OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
1	E	ALCOHOL	IC INTOXICAT	10N		YES X NO
4		AL CAUSE WAS 206. DESC	CRIBE HOW INJURY OCCURED. (Enter natura of injury in Part	I or Part II of item 18.)	
		ATH. HUN	G SELF IN JA	IL CELL WIT	TH SHIRT AS RO	PE
	20c. TIME OF		I. INJURY OCCURRED 200. PLA	CE OF INJURY (Home, farm	n, 20f. (City or town)	(County) (Slete)
	c9Pour		THE THOU WILLIAM	NTY JAIL	-	LBOT MD
		fy that I took charge of the re			Inspection I Inquiry	, and in my opinion
	death resul			ide V Homicide	, Undetermined manner	
	Geani 1030i	Tangrai causes [/ Accident [], said	CHIEF MEDICAL E		
	ACTUAL	Louis	1201.		ICAL EXAMINER	DATE SIGNED
	SIGNATUR	E Chrosty	very	M.D.		
	EXAMINER NAME (Type		WELTY	DEPUTY MEDICAL	•	9-22-60
	22a. BURIAL, CREA	1	22c. NAME OF CEMETERY OF		city, town, or county) 22d. LOCATION (City, town, or cou	untry) (State)
	DEMOVAL (SI		m.) /	Oc no	M - /	
	23/FUNERAL DIR	ECTOR -	ADDRESS	1 240 DEC	OBY REGISTRAR I 24b. REGISTRAR	PS SIGNATURE
	1/2	100 1'an	6 -1 h	0		
10	Lames	12 Cosmall	Fasteril	DATE SE	P 2 8 '60 arthur	S. Kraus
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TO HOSPITAL

VR A1S (4) 1SM 9/59

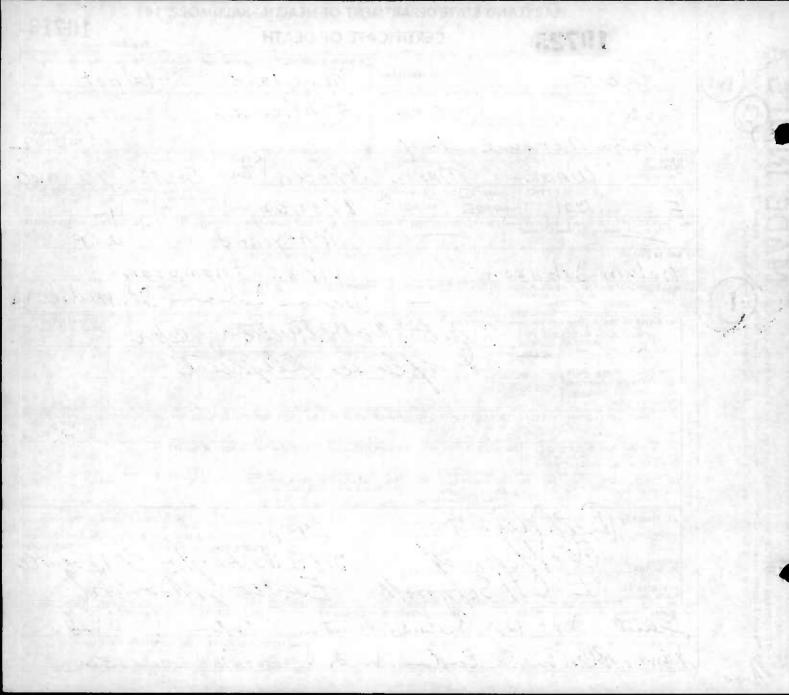
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10715

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	ce before admission)
o. COUNTY MARYLAND	o. STATE Maryland b. COUNTY Dorch	hester
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	give nearest town)
EASTON 29 has	Federalsburg - Rural	
d. NAME OF HOSPITAL (If nat in haspital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Memorial Hospital	Near Finchville 09	YES NO
3. NAME OF First Middle	Month 4. DATE Month	Day Yeor
(Type or print) Walter R	Johnson DEATH September	10 1960
S. SEX 6. COLOR OR RĂCE 7. MARRIED NEVER MARRIED Negro WIDOWED DIVORCED		1 YEAR IF UNDER 24 HRS Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote or foreign cauntry) 12. CITI	ZEN OF WHAT COUNTRY
during most of working life, even if retired) Day Laborer Farm	Vienna, Maryland U.	S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
George Johnson	Emily Wongus	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	IFORMANT Address	
(Yes, no or unknown) (If yes, give war or dates of service) Unknown Ma	rs. Thomas E. Washington, Federal	Lsburg, Md.RD
1B. CAUSE OF DEATH [Enter anly one couse per line for (o), (b), and (c).]	1	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) #Cast 73/	1006	
4-52 X DUE TO 1 X/A		
Conditions, if any, which) (b) 100/10	20215/27	
gave rise to immediate couse (o), stating the under-	· - + + in -	
lying cause lost. (c) / Nearlo Heek	05/5 205/26 CX5/102	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1 (a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Port II of item 1B.)	
	ACE OF INJURY (Home, farm, 20f. (City or town) (C	Caunty) (State
Hour o. m. Hour o. m. While Not while of work Of work	ctory, street, office bldg., etc.)	
21. I certify that (I) (this haspital) attended the deceased from.		that /// /way las
1 / STAMAN	leath accurred a 1.45%, from the causes ond on the	
22a. SIGNATURE	ledit decorred differential the educes ond on the	22b, DATE
(Stapping	M.D. ATTENDING MED. STAFF	OST 1084
22c. PHYSICIAN'S 1	22d. ADDRESS	111 1 100
NAME (Type) = C. H. Schmidt	129100, 11/20V/d	701.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d. JOCATION (City, tawn, or caunty)	(Stote)
Burial Sept. 14,1960 Federal Hill		· · · · · · · · · · · · · · · · · · ·
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIC	
J.J.Framptom and Son, Federalsburg, Mar.	yland DATSEP 14'60 Chilling 8 1	, ,

FITTE 10000000 Meaning Hospital Three September 1 Form 18, 1810 . DOV Aviation and the second didina and the standard of the THE PARTY OF THE PARTY OF THE PARTY. growens fill Levelor deat, a special Laws Designation to the second the control of the co



MARYLAND

c. LENGTH OF STAY IN 16

7. MARRIED NEVER MARRIED

10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)

16. SOCIAL SECURITY NO

213-03-9830

Home

WIDOWED |

Middle

DIVORCED

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

a. STATE

B. DATE OF BIRTH

17. INFORMANT

PART HE OTHER SIGNIFICANT CONDITIONS CONTRIGITING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19.

CERTIFICATE OF DEATH

d. STREET ADDRESS

June 17, 1902

14. MOTHER'S MAIDEN NAME

Sussex County.

Sallie Dickerson

Maryland

Federalsburg

312 South Main S treet

4. DATE

OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

9. AGE (In yeors lost birthdoy)
58 yrs.

Delaware

Lester L. Leeser, Federalsburg, Maryland

b. COUNTY

Caroline

Months

Address

10717

IS RESIDENCE

ON A FARM? YES NO

Year

19

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES NO

> > (Stote)

we) last

abave. DATE

U.S.A.

with director filed funeral pe

death. Page

that the death certificate be executed within 24 haur

10726

d. NAME OF HOSPITAL (If not in hospital, give street address)

6. COLOR OR RACE

1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)

DUE TO

DUE TO

White

during most of working life, even if retired)

Isaac Willey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

Housework

Conditions, if any, which

gove rise to immediate

cause (a), stoting the underlying cause lost.

b. CITY OR TOWN (If outside corporate limits, write

RURAL and give nearest town)

PLACE OF DEATH

OR INSTITUTION

a. COUNTY

NAME OF

S. SEX

DECEASED (Type or print)

Female

13. FATHER'S NAME

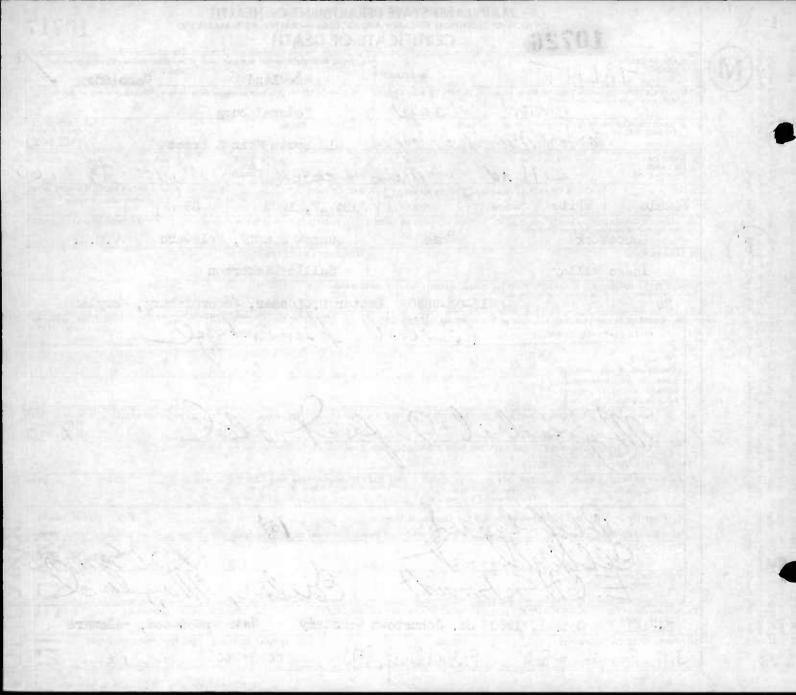
No

CATION

campletely filled in by the func after death Person pa Carbon C physiciap × remave attending please the by priar ta burial, crematian, ar remaval, permit. FUNERAL DIRECTOR: After this certificate has been signed age 3 shauld be detached for use as the burial-transit permi by the haspital ar attending physician. page 3 shauld be detache the State Board of Health

0 VR A15 (4) 1SM 9/59

CERTIF	20g. ACCIDENT WAS UNDERLY OR CONTRIBUTING TO CAUSE (IF EITHER, NOTIFY MEDICAL E.	ING DEATH OF DEATH KAMINER) 20b. DES	CRIBE HOW INJURY O	CCURRED. (Enter noture o	f injury in Po	rt I or Port II of i	item 1B.)	
MEDICAL	20c. TIME OF INJURY Month, Hour a. m. p. m.	Doy, Yeor 20d. II While of wor	NOT WHILE OF WORK	20e. PLACE OF INJURY (foctory, street, office		20f. (City or tow	vn)	(County)
	21. I certify that (1) (this saw the deceased aliver	W NIN		framthat death accurred	1012		causes and an t	
	220. SIGNATURE COLL	Isalsh	The	M.D. ATTENDING	DIRE	CTOR PHY	FFX 20	Sept
	22c. PHYSICIAN' NAME (Type)	H. 501	midi	22d. 40 Dki	ille	V, 1	May	level
23	REMOVAL (Specify)	t. 1, 1960		stown Cemeter			City, town or count	Delaware
2	. FUNERAL DIRECTOR'S SIGNATU	RE	ADDRESS	∞ 1	25a. REC'D	BY REGISTRAR	25b, REGISTRAR'S	SIGNATURE
L	J. J. FRAMPTOM	4 SON	FEDERALSDO	180, V16.	DATE OCT	3 '60	arthur	8. Kraus
					D. L.			



FOR STATE HEALTH please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral directors 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal and in any event within 72 hours after death. is necessary, AEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any di

TO DEPUTY

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 1727 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

•	1. 1	a COUNTY.	d lived, If institution: Residence before edmission)
1	· °	o. counting the of Maryland o. STATE M.D.	b. COUNTY
j	-	b. CITY OR TOWN (if outside corporate limits, c. LENG/A) OF STAY IN 16 c. CITY OR TOWN (if outside corporate	limits, write RURAL end give neerest town)
		write RURAL end give neerest town) Easton Mr-10min RURAL Mill	iNG-TON
		d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress) d. STREET ADDRESS	. IS RESIDENCE
6	3	Memorial Naso.	YES NO NO
		3. NAME OF First Middle Last 44 DATE	Month Dey Year
		(Type or print) OF DEATH	Santa 20 10 60
	5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AG	E (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
		WIDOWED DIVORCED X A. A. 1 1901) Gest	birthdy) Months Days Hours Min.
	10e.	10e. USUAL OCCUPATION (Giv Aind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	99	done during most of working life, even if retired)	11 S A
	130	13- FATHER'S NAME / BUILDER 14. MOTHER'S MAIDEN NAME	W. J. 111
	1	Marie Ma	11110 11
	15/	15/WAS DECEASED EVERNN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	VV /Y H NI
		(Yos, no, or unkown) (If vesgive were reference)	Milling Tour Ma
		18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c)].	, IIIIINGJON, IIIV.
		PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	171	IMMEDIATE CAUSE (6)	pagaee
-		816X DUE TO A. I. Man de -1	0
V		Conditions, if eny, which gove rise to immediate cause (b) Clean Transver Gate Council	Ψ
		(e), steting the underlying DUE TO	
		cause last. (c)	
2	OI NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONT	DITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
	5	/ <u> \(\(\) \(\) \(\) \(\)</u>	YES NO
	CERTIFICATION	20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item	18.)
		11 00116 111	
5	MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or to While Not While Not While feetbry, street, office bldg., etc.)	(County) (State)
	ME	8 p.m. 9-20 1960 of work of work & harkerg 404 Rush	Trulou Curta mo
		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection XI.	Inquiry and in my opinion
		death resulted from: Natural causes, Accident X, Suicide, Homicide, Undeter	rmined manner
		CHIEF MEDICAL EXAMINER	
-		SIGNATURE ALMOND PLOYEL M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
)		EXAMINER'S TO A DEPUTY MEDICAL EXAMINER	9-21-60
		NAME (Type) DAWSONO, G.ROTER Address (Street, city, town, or count	
	220.	220. BURIAL, CREMATION, 22b. DATE THEREOF 222 NAME OF CEMETERY OR CREMATORY 221 LOCATION	(City, town, or country) (Stete)
	D	BURIAL 19/23/60 CRUMPION CEM. ICRUMP	ION, MID.
	3	23 FINERAL DIRECTOR 1 (1) MADDRESS 1 A 240. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE
1	0	Colward Sellows, Hellington, Mai DATE SEP 26'60	Orthur & three
	-		

BOMBACE GEREE HET BIKE WERE WORKEN DE ALTO DE BEGEN AND DE LE COMMUNICATION DE LA COMUNICATION DE LA COMMUNICATION DEL COMMUNICATION DE LA COMMUNI after summer of the sale of S SEASON SIL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

VS A15 (4) 15M 9/55

Carroll rampton

. IS RESIDENCE YES NO Month Day Year September 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Min. 12. CITIZEN OF WHAT COUNTRY? USA Address South St. Easton. Maryland INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO TE (County) (State) M, from the couses and on the date stated above. DATE SIGNED (Stote) 246 REGISTRAR'S SIGNATURE arthur & Thous

	TE OF DEATH	CERTIFICA	FFYBL	
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ts total.				00 Miles
	en en en			7-11.
	The state of the s			
	number of the second of	er al constitución en la	The state of the s	In the
			TOTAL STATE OF	
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death. Page 4

be retained by the haspital or attending physician.

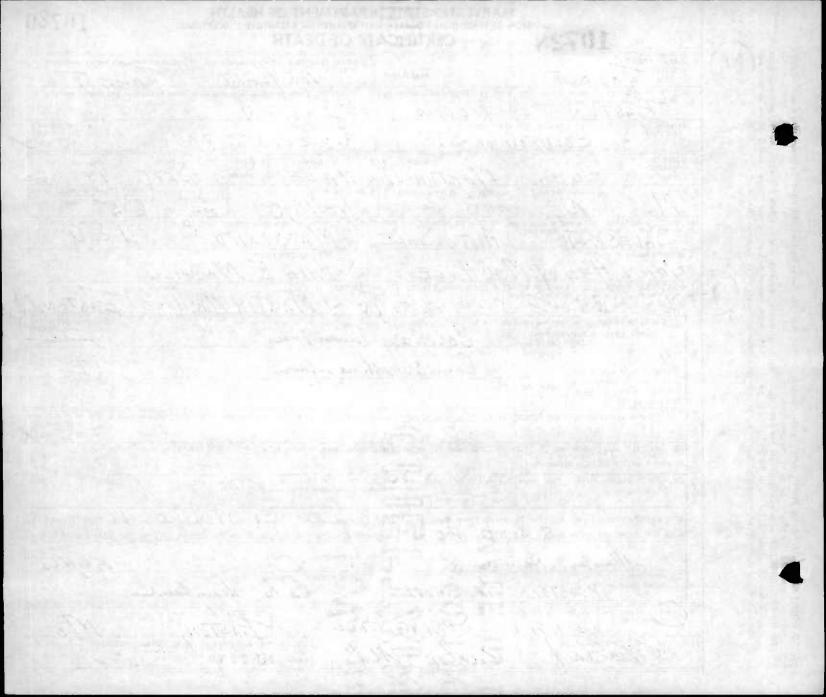
Should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOS	TO FUN	page
VR	A15	(4)
1S	M 9/	59

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1.	PLACE OF DEATH O. COUNTY A ROT MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	before admission)
-	b. CITY OR TOWN (If outside corporate limits, write RURAL of give nearest town)	c. CITY OR TOWN of outside corporate limits, write RURAL and give	e nearest town)
	EASTON 10 GUS	40 EASTON	
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress GO INSTITUTION GO LOS BORD	303 GOLDSBORD	e. IS RESIDENCE ON A FARM? YES NO []
3.	NAME OF DECEASED (Type or print) First Middle MARTIN	A HALE OF DEATH SEPT	Day Year 18 60
S.	SEX / 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years let Under 1 Y Moorns Day) 9. AGE (In years let Under 1 Y Moorns Day) 9. AGE (In years let Under 1 Y Moorns Day)	EAR IF UNDER 24 HRS. Hours Min.
10	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	S ARYLAND 12.CITIZE	S WHAT COUNTRY?
13	SOHN HENRY MACHALE	SOPHIA E, MACGILL	
12.0	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 177. es, nd of unknown) Iff yes, give war or date of service) 2/2-67-736-54/	MRS. J MARTIN MACHALE T	EASTON, C
	16. CAUSE OF DEATH [Enter only one couse per line for (01) (b), and (c).]	1. 1	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) OTHER DESTRICT OF THE PARTY OF TH	Minu Mes	sudden
	Canditions, if any, which)	eth ers selveri	121
	gave rise to immediate		
	cause (a), stoting the <u>under-</u> lying cause last.		
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO D
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while	PLACE OF INJURY (Home, farm, 20f. (City or town) (Coufoctory, street, affice bldg., etc.)	onty) (State)
×	p. m. 19 of wark of wark		
	21. I certify that (I) (this hospital) attended the deceased fram		, that (I) (we) last
	saw the deceased alive on 2 200 1960, and that	death occurred atM, from the causes and on the c	lote stated obove. 22b.DATE
	Muster Hamine	M.D. PHYS. DIRECTOR PHYS.	19 Reff Co SIGNED
	22c. PHYSICIAN'S NAME (Type) THORSTON HERRISON	22d. ADDRESS Carba Mary land	
23	BURIAL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY SPRING	OR CREMATORY 23d. LOCATION (City, town, or county)	(Sige)
24	FUNEBULA CAILON /	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGN	

N 20 101 M



CEPTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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may be retained by the hospital or attending physician.

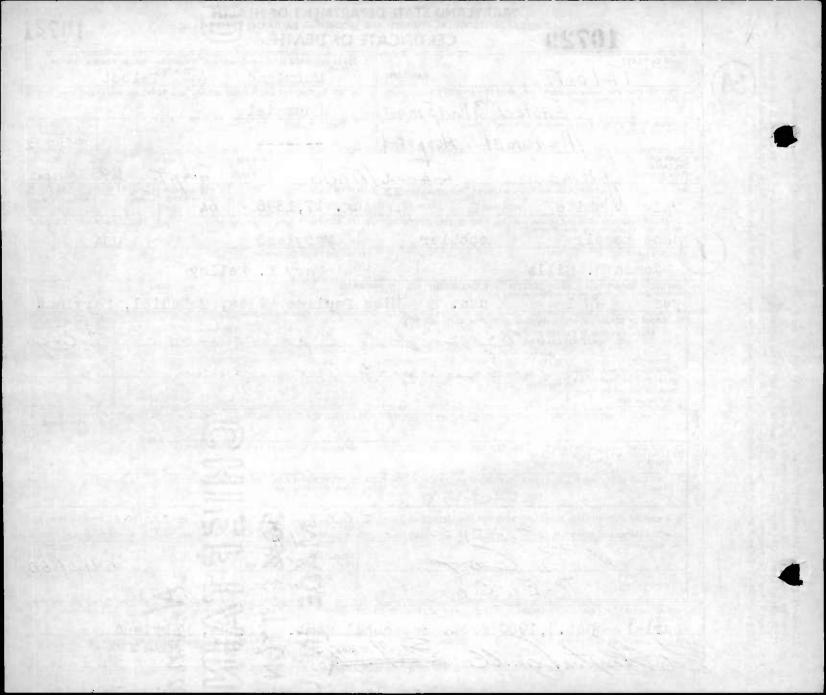
2 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by me funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon popers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 having

After death. Poge 4

TO HOSPI	may be	TO FUNER	poge 3
VR 15	A'M	9/5	(4)

111160	CERTIFICA	IE OF DEATH					
1. PLACE OF DEATH		2. USUAL RESIDENCE (Whe	ere deceased lived. If institu	tion: Residence before admission	1)		
IAIDOT	MARYLAND	Maryla	ind B. COON	Talbot			
b. CITY OR TOWN (If outside carporate limits, w RURAL and give nearest tawn)	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporote limits, write	RURAL and give nearest town)			
L-Aston	V 3km. 15 mm.	McDani	el				
d. NAME OF HOSPITAL (If not in hospital, give s OR INSTITUTION	1 11 . 6.11	d. STREET ADDRESS		e. IS RESIDE ON A FA YES N	ARM?		
NAME OF A First			4. DATE Mc				
DECEASED (Type or print) Ames	Middle LESTER	Mills	OF DEATH Jep	4 30	60		
2 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Aug. 17, 189	9. AGE (In/yeors) 6 64 yrs	Months Doys Haurs	24 HRS Min.		
Da. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COL	UNTRY		
shoe repair	cobbler	Marylan	d	USA			
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME		111		
James W. Mills		Mary E	. Kelley				
was DECEASED EVER IN U. S. ARMED FORCES? (es, no, or unknown) (If yes, give war or dates of service)		IFORMANT	Ad	dress			
yes WW I	ukn. Mis	s Pauline M	fills, McDar	niel, Marylar	nd		
18. CAUSE OF DEATH [Enter anly one cause	per line far (a), (b), and (c).]		-	INTERVAL BETWONSET AND DE			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardeal Infarction 3 described							
14 20 a DUE TO		1			/		
Conditions, if any, which) (b)	-coloquery 6	Extucos	cleron				
gove rise to immediate Couse (o), stoting the under-							
lying couse last. (c)							
PART 11. OTHER SIGNIFICANT CONDITION	ONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION G	IVEN IN PART 1(o) 19. WAS AU PERFORM YES 1	MED?		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in P	art 1 or Port II of item 18.)				
Hour a.m.	20d. INJURY OCCURRED 20e. PL While Not while fac at wark at wark	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County)	(State		
21. I certify that (I) (this haspital) at	ttended the deceased fram	9/27 12	6 sta 2/2	2 , 195 c, that (1) (we	e) los		
saw the deceased alive an	136						
22b. DATE							
2	0		D. STAFF PHYS.	10/11	50		
22c. PHYSICIAN'S NAME (Type)	Cox	22d. ADDRESS	TON M	D //			
3a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town	or county) (State)			
Burial Oct.3,196			Vienna, Ma:	V			
A. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ST. M	PRHARES 250. REC'D	BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE			
1 tamplon on	ill Emm	DATE DATE					
		/					



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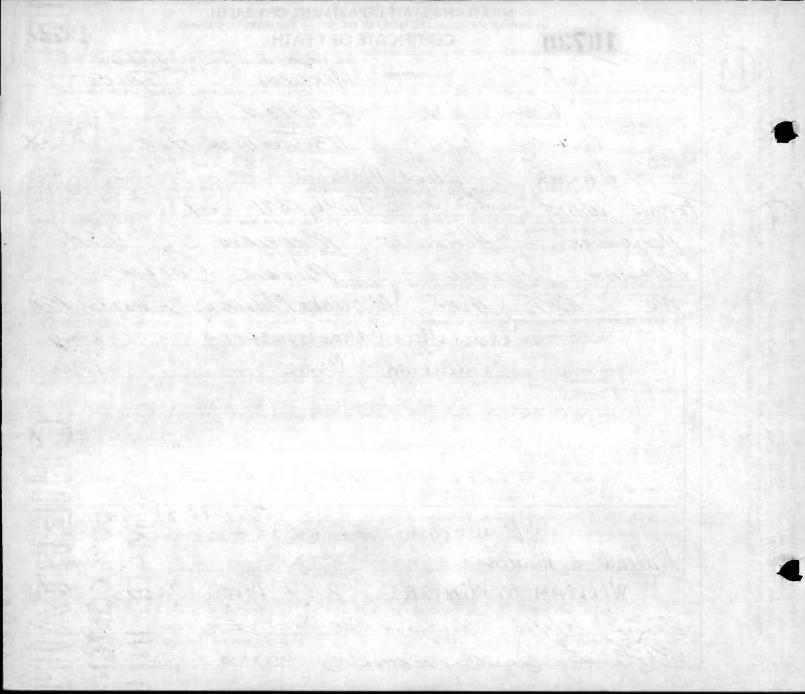
TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10730

1. PLACE OF DEATH O. COUNTY A / DA / MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY b. COUNTY
b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest tawn) EAStant 5 da.	4NEASTON
d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION Memorial Hospital	11.3 TREP AVON AVE YES NO
3. NAME OF DECEASED First Middle	Last 4. DATE Month Day Year
(Type or print) SARAS ELEN !	Mallikin Dept. 28 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min.
TEMALE WHITE WIDOWED DIVORCED	JULY6, 1891 69 yrs. Months days Hours Mill.
100. USUAL OCCUPATION (Give kind of work done during-most of working life, even if retired)	JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
HOUSEWORK HOUSEWIFE	MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM DUVALL	MINNIE OLLINS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II Yes, no, or unknown) If yes, give war or dates of securice)	NFORMANT Address
NO NONE NONE W	MOHAND MULLIKIN, FASTON, PID.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LINERALLES (accusomators 2 mo
17/X DUE TO A	100.
Conditions, if any, which) (b) Calletter with	1 cervix 1 referen
gove rise to immediate DUE TO	
lying cause lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
I C	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF CONTRIBUTING TO DEATH BUT OF CONTRIBUTING TO DEATH BUT OF CONTRIBUTION TO DEATH BUT	ED. (Enter nature of injury in Port I or Port II of item 18.)
<u>- 1</u>	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State
Haur a. m. While Not while to work ot work	octory, street, office bldg., etc.)
21. 1 certify that (I) (this haspital) ottended the deceosed from	1956, to Nept 28, 1960, that (1) (we) last
11060 - 10060	death occurred of A.T. M., from the couses and on the date stoted abave
220/SIGNATURE	22b. DATE
William L. Wuitter	M.D. ATTENDING MED. STAFF PHYS. D 9-14-60
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
WILLIAM A. WINTERS	210 to Pover laston indo
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town, or county) (State)
BURIAL 10/1/60 WOODLAWN	MEM, PARK EASTON, MA
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Workenplon and FAST	ON MA DATESEP 30'60 Calle 8 4



Fer death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL

VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

THE STITUTE	***************************************	71110		-	DATE
CE	RTIFIC	ATE	OF	DE	ATH

1. PLACE OF DEATH 0. COUNTY TO THE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)
RURAL and give nearest tawn) Fast on DOA	X RURAL FASTON
d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
or institution Memorial Hospital	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Humph REY FYLLER	Redfield 4. DATE Month Day Year OF DEATH SEPTEMBER 7 19 60
S. SEX 6. COLOR OR RACE 7. MARKIED NEVER MARRIED WHOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. In years If UNDER 1 YEAR IF UNDER 24 HRS. In years If UNDER 1 YEAR IF UNDER 24 HRS. If UNDER 24 H
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND	
during-most of working life, even if retired) KUND RAISING 64	NSEL NEW NORK 4.5.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM C. NEDFIELD	ELISE FULLER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. ng. of unknown) (If yes, give yor or date of service)	INFORMANT Address
YES W.W# 075-09-2159 1	MY LOUISE LEDEIELD - LASTON
IB. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1 41773861617
THE TO ME TO	010/10/10
Canditions, if any, which (b) (D) 701727	066/05/07
gave rise to immediate cause (a), stating the under-	
lying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Į į	YES NO 🗆
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature af injury in Part I ar Part II af item 18.)
Haur a.m. While Nat while	PLACE OF INJURY (Hame, farm, action, street, affice bldg., etc.) 20f. (City ar tawn) (Caunty) (State
17:31 172 1001 51	, 19, ta, 19, that (I) (we) last
	death accurred atM, from the causes and an the date stated above
22a. SIGNATURE COLLAPSION OF THE COLLAPSION OF T	M.D. ATTENDING MED. STAFF SCAPE STAFF
22c. PHYSICIAN'S F.C.H Schmidt	22d. Appress tom, Manyland.
230 BURIAL CREMATION, 235. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town, or county) PALENETERY ALBANY (State)
24. FUNERAL SUPECIOR'S SECRETARIE	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VEXILIEIDANY CUMA /	DATE SEP 1 4 '60 Carlon & to

MAJO TO MADRIDIAS ALVIII and the control of th

TO HOSPITAL ATTENDIN	moy be retain by the hosp	TO FUNERAL DIRECTOR: Afte	poge 3 should be detoched	the State Boord of Health pri	
VR 15	A	9/5	(4)	į	

	1. PLACE OF DEATH a. COUNTY TAIBOT MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE ORRYLAND D. COUNTY TALBOT
/	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
C	d. NAME OF HOSPITAL (If no in haspital, give street oddress) OR INSTITUTION MEMBRIAL HOSPITAL	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO []
	3. NAME OF DECEASED (Type or print) James Edward	Schells 4. DATE OF Manth Boy Year 3 1960
	MALE WHITE WIDOWED DIVORCED	8. DATE OF BIRTH JAN 26, 1903 9. AGE (In year) IF UNDER 1 YEAR IF UNDER 24 HR! Months Doys Hours Min.
)	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AGRI 13. FATHER'S NAME	STRY 11. BIRTHPLACE (State or foreign country) ST. MICHAELS, MD 12. CITIZEN OF WHAT COUNTRY 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IF (Yes, no. or unknown) (If yes, give wor or dates of service) 2 20 -32-0317 M	NFORMANT Address OPS ETHEL M SCHELLS, WITTMAN, MY
	18. CAUSE OF DEATH [Enter only one cause per-line for (g), (b), old (g). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	20c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20c. PL	D. (Enter nature of injury in Part I or Port II of item 18.) ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State ctory, street, office bldg., etc.)
	21. I certify that (I) this haspital attended the deceased from sow the deceased (alive on 1972) and that a 22a. SIGNATURE	death occurred M., from the causes and an the date stoted above M.D. PHYS. DIRECTOR PHYS. 322d, ADDRESS
	NAME (Type) L. (H. Schmidt	FEGTON, Maxyand.
	Surial Spf 6. 1960 (Sirt	EMETERS 23d. LOCATION (City, town, or country) EMETERS 23d. LOCATION (City, town, or country)
ノノ	24. FUNGERAL DIRECTOR'S SIGNATURE HOUSEN, ADDRESS	Michigate SEP 7 '60 256. REGISTRAR'S SIGNATURE ONLY & King
0		md .

SEFOR Fri 53444, V SOUTT MAR The same of the contract of the same of th METERS OF THE STATE OF THE STAT The state of the state of the state of the state of The same that the same of the her death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 have

MARYLAND STATE DEPARTMENT OF HEALTH

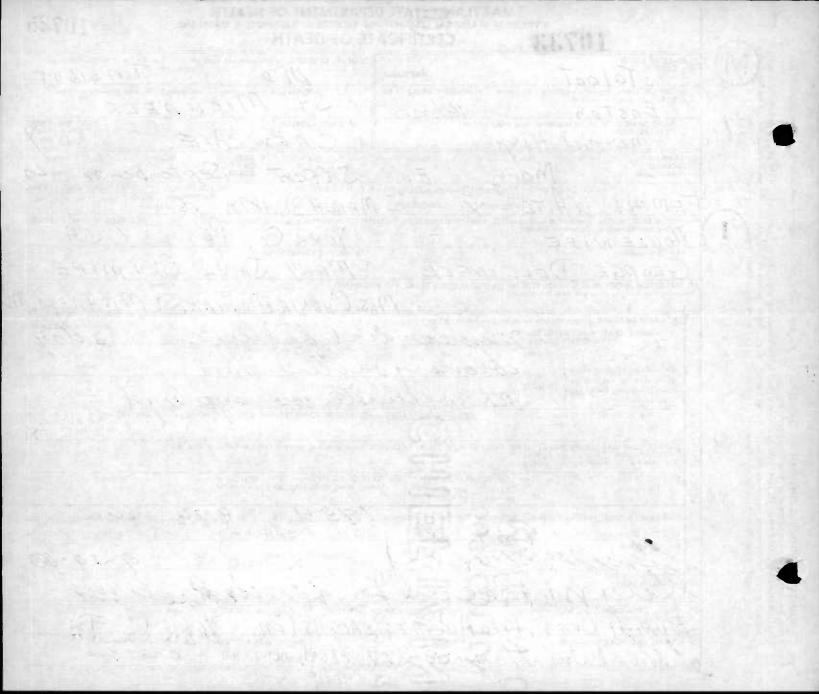
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10725

	10733	CERTIFICA	TE OF DEATH	
1.	PLACE OF DEATH O. COUNTY To 1 hat	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside o. STATE b. COUNTY	ence before admission)
-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION OR INSTITUTION Nemotical Hospi	oddress)	d. STREET, ADDRESS Chew AVE	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Middle	Siffer Death September	Day Yeor 24 1960
E	EMALE WHITE WIDOWE	DIVORCED	MARCH 31, 1874 lost principal Months	
1	lo. USUAL OCCUPATION (Give kind of work done 10b. alyting most of working life, even if retired)	KIND OF BUSINESS OR INDU	YORK CO. PA.	TIZEN OF WHAT COUNTRY?
L	GEORGE DELL	NGER	MARY JANE BLY	MIRE
	(es, no, or unknown) (If yes, give war or dates of service)	m.	RS. CARRIE M. FINK, ST. M	CHAELS!
	PART I. DEATH WAS CAUSED BY:	re for (o), (b), and (c).]	hal failene	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate	conery o	melerjon	
7	couse (o), stoting the under. DUE TO lying couse lost. (c)	tecopeli	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART 1(o) 19. WAS AUTOPSY
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS C		ED. (Enter noture of injury in Port I or Port II of item 18.)	PERFORMED? YES NO
				(County) (Stote)
MEDICAL	Hour o. m. 19 While of wor	Not while fo	octory, street, office bldg., etc.)	(Cooliny) (Store)
	21. I certify that (I) (this hospital) attends sow the deceased alive on 220. SIGNATURE	N (B)	death accurred at 354M, from the couses and on the	that (I) (we) last ne date stated above.
-	22 PHOSICIANS	exery	M.D. ATTENDING MED. STAFF PHYS. 22d. ADDRESS 22d. ADDRESS	7-29-600
2	NAME (PYPE) So. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	DR CREMATORY D 23d. LOCATION (City, town, or county	(Stote)
24	BUNIAL OCT 2, 1960	AUGHEN ADDRESS	BAUGHS EM. YORK CO	PA.
A	1. Ham leton Ala	of noun	MICACULATEOCT 3 '60 arily 8.	Kraus

ma.

TO HOSPITAL VR A1S (4) 1SM 9/59



VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10745

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH JULIAN MARYLAND	2. USUAL RESIDENCE (Where deglosed lived. If institution: presidence before admission) b. COUNTY b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town) Little Life	c. CLT OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF COSPITAL (If not in hospital give street oddress) OR INSTITUTION	Walu de la
3. NAME OF DECEASED (Type or print) Carrie 60Middle	Institute of Death September 1960
Jewall 6. COLOR OF RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED D	BCDATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Only On
10a. USUAY OCCUPATION (Give kind of york done 10b. KIND OF BUSINESS OR INDU during most of working life, eyep-if-petired)	
Beatlery & / Haddeway	14. MOTHER'S MANDEN NAME Silvson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war ar dales of service)	Mrs. Wilsil Libson Offerd
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying couse lost. (c) Particular	ardial Infarction ONSET AND DEATH active clerons Interior clerons
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	ED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work of work	LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) octory, street, office bldg., etc.)
21. I certify that I attended the deceased from 11/29/ alive on 12, 1960, and that death	h accurred at 75°M, from the causes and an the date stated abave.
ACTUAL SIGNATURE To J. Eglocolor	ADDRESS (Street, city or town, state) DATE SIGNED M.D. 12 N. HANSON ST 9/6/6
PHYSICIAN'S NAME (Type)	EASTON MJ
220 SELVIAL, CREMATION, 226 BATE THEREOF 22c. NAME OF TEMETRY CONTROL OF THE PROPERTY OF THE P	OPPREMATORY 22d. LOCATION (Ciff, town, cyfounty) (Syste)
29 PHYERAL DIRECTOR'S SIGNATURE ADDRESS CONTROL ADDRESS CONTRO	240, REC'D BY REGISTRAY 246, REGISTRAY'S SIGNATURE

AND DESCRIPTION OF THE PROPERTY OF THE PROPERT

er death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

the State Board of Health prior to burial, cremation, or remayal, and in particolar, within 72 hours after death.

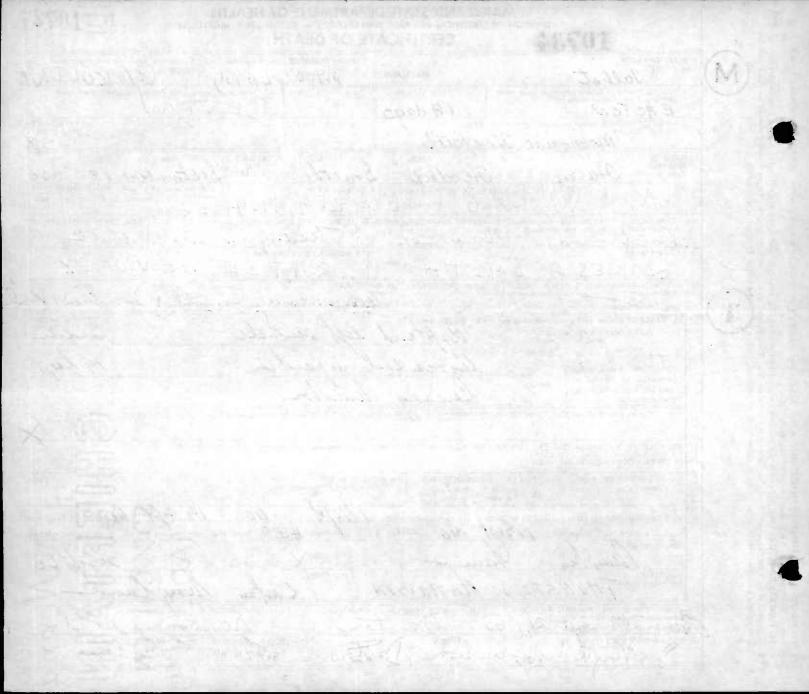
nay be retained by the haspital ar attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, age 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with

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VR 1Si	A15 M 9/5	(4)

HOSPITAL

- 1			
	1. PLACE OF DEATH o. COUNTY Jalbot MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY b. COUNTY	e before admission) RUL.D7
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL/and gi	ve nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Memorial: Washital	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Harry Hendry	Smith Jeptember	Day Year 1960
	5. SEX 6. COLOB OR RACE 7. MARRIED NEVER MARRIED		YEAR IF UNDER 24 HRS. Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
	JAMES A. SMITH	14. MOTHER'S MAIDEN NAME KANDE HEND	RIX
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] (If yes, give war ar dates of service)	Wormant heavy Smith Der	wow, ke
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (d).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the under- lying couse lost. Conditions if any, which gove rise to immediate (c) Couse (o), stating the under- lying couse lost.	left auticle l'infaction Monsoloni	19 kg
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED? YES NO
	GE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)	
		ACE OF INJURY (Home, form, 20f. (City or town) (Cotory, street, office bldg., etc.)	ounty) (Stote)
	22o. SIGNATURE	death accurred \$35.M, from the causes and an the M.D. PHYS. ATTENDING MED. STAFF PHYS. 22d. ADDRESS Cafee May Care	date stated abave. 275 DATE SIGNED
1	230 BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Sept. 21, (960) 23c. NAME OF CEMETERY OF	OR CREMATORY 23d. LOCATION (City, toys, or county)	(Stote)
6	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DE	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIG	11



9-26 MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

YES NO TO

Year

PERFORMED? FI NO I

(Stote)

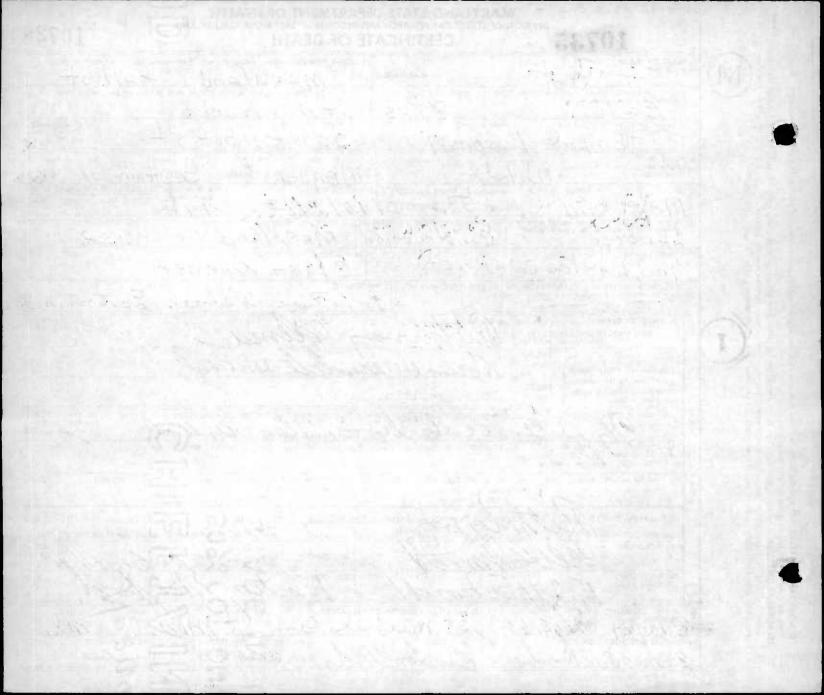
22b. DATE

(State)

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 10736

CERTIFICATE OF DEATH

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Page 4	directar, ed with	Ì
er death.	e funeral directar, auld be filed with)

the attending physician and campletely filled in by the funeral direc Then please remave carban papers. Pages 1 and 2 shauld be filed may be retail. by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Board of Health priar to burial, crematian, ar remaval, and event, within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur by the haspital ar attending physician.

TO HOSPITAL VR A1S (4) 15M 9/S9

-						
1	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY				
	Talbol MARYLAND	MARVIAND CARCINE				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)				
	Easton 130ays.	Denton 151-2				
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?				
=	Memorial Mospilal	520 LINCOLN YES NO				
3	NAME OF DECEASED First Middle	Last 4. DATE Manth Day Year				
-	(Type or print) Frederick Tyner	R DATE OF BIRTH P. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS				
3	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	last birthday) Months Days Hours Min.				
-	OR LISTIAL OCCUPATION (Size bind of work does not be publishers OR INDIA	JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY				
ľ	0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDL during mast of warking life, even if retired)	MARVIAN O				
1	LAborer Domestic	14. MOTHER'S MAIDEN NAME				
ľ	D 1 1 / 11 2	Alberta Wyatt				
-	S, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, 1	NFORMANT Address				
	Yes, no, or unknown] (If yes, give war or dates of service)	NI ONITALIA				
=	The Court of Description	INTERVAL RETAIREN				
1	IB. CAUSE OF DEATH [Enter anly one couse per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH				
1	IMMEDIATE CAUSE (o)	that Disease				
	DUE TO					
	Canditians, if ony, which (b)					
	couse (a), stating the under. DUE TO					
	, (c)					
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	PERFORMED? YES NO				
1	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in Part I or Port II of item 1B.)				
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
		LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State				
1	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED to the following the state of the following the state of the sta	octory, street, office bldg., etc.)				
	21. I certify that (I) (this haspital) attended the deceased fram.	Sept 14 196 ta 9/27 1960, that (1) (we) las				
	9/27	death accurred at 1/27M, from the causes and an the date stated above				
	saw the deceased alive an	dealth accurred differ two from the causes and an the date stated above				
	1 2'606	M.D. PHYS. D MED. STAFF PHYS. D				
	22c. PHYSICIAN'S	22d. ADDRÉSS				
	NAME (Type) P. E. Cox M. D.	Earle Avenue, Easton, Maryland				
1	30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMEJERY	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)				
	(REMIDIAL (Specify)) 10/2/60 Mt oliv	e Cem. Denton Md.				
2	FUNERAL DIRECTOR'S SCHATURE ADDRESS	250. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE				
	Jame MX 18 hell End.	had DATE DCT 3 '60 Cuiling S. Krous				

THE PARTY TO STADE UNDER THE PARTY OF THE PA Nilpa-Jahralya, A. Line The first and a second and the secon 111777

TO HOSPITAL VR A15 (4) 15M 9/59

1. PLACE OF DEATH a. COUNTY	MARYLAND	o. STATE	b. COUNTY	an: Residence before admission)		
IAIbot	,		4NP	1ALBOT		
b. CITY OR TOWN (If autside corporate limits, write RURAL and give pearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	de carporote limits, write R	URAL and give nearest town)		
EASTON	5 d A 45	1 CLAIBO	RNE			
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	t oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
MEMORIAL HO:	Spitale			YES NO		
3. NAME OF Pirst DECEASED	Middle	Last 4.	DATE Mon			
(Type or print) Charles	H.	WesT	DEATH	7 - 3 - 1960		
5. SEX 6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.		
/////~	VED DIVORCED	JUNE 22,188	15 75 Yrs.	Manths Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)		T	^ -	12. CITIZEN OF WHAT COUNTRY		
DETIRED ENGINEER	IRANS.	DALTIMOR	E,MD.	USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E			
CHARLES WEST -	SR.	SUSIE /7	ARRINGTO	sN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) (If yes, give wor or dates of service)	S. SOCIAL SECURITY NO. 17. IN	NFORMANT	2 5-Add	Sig Co. , r.		
	20-01-03897	DOROTHY THORA	ITON. APO+	122 VEEDUN FA		
18. CAUSE OF DEATH [Enter only one couse per			^	INTERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY:	rebroit A	endut	Kacye_	OMSET AND DEATH		
DUE TO . C						
Conditions it any which) Wisself Considerate CVD.						
gave rise to immediate						
lying cause last,						
PART HE OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY		
E Chrome (A	alias 1	ailes		PERFORMED? YES NO D		
20a. ACCIDENT WAS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part	I or Port II of item 18.)			
PARTH: OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	6					
3 20c. TIME OF INJURY Manth, Day, Year 20d.		ACE OF INJURY (Hame, farm,	20f. (City ar tawn)	(County) (State		
OD Hour o. m. 19 of well	e Not while for	ctary, street, affice bldg., etc.)				
		1962.	. 9- 2	1/2 Da . 111		
21. I certify that (I) (this haspital) atten	2 / 0	1 1 1 1 1 1 1 1 1 1	. , .10 -{	, 19252 that (I) (we) las		
saw the deceased alive an	and that o	death accurred att. A.M.	, fram the causes an	d an the date stated above		
Mangratus X	2 h	M.D. PHYS. MED.	TOR STAFF	SIGNE		
22 PHYSICIAN'S	76	22d. ADDRESS	0 0	, /		
July m Reet	er h m.	D A Drie	effects	mge		
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	OR CREMATORY 230	LOCATION (City, town,	or county) (State) A		
	o Springh	ill Centry	Early	the sond		
24. FUNERAL DIRECTOR'S SIGNATURE	Appress (1)	250. RFC'D B	Y REGISTRAR 2Sb. REGI	STRAR'S SIGNATURE		
W. Hankelon Ha	vuero alt	MICKAS BATE SEL	P 7 '60 C	Inthun S. Kraua		

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